

Urban District of Tettenhall  
(STAFFORDSHIRE)



**ANNUAL REPORT**  
*of the*  
**Medical Officer of Health**  
*for 1963*



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Medical Officer of Health

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**TETTENHALL URBAN DISTRICT COUNCIL**

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**PUBLIC HEALTH COMMITTEE**

*Chairman :*

Councillor Dr. S. C. Dyke.

Councillor E. G. L. Pearce, J.P., C.C.  
(Chairman of the Council).

„ Mrs. E. Bate.

„ Mrs. V. M. Rhodes.

„ C. Morris.

.. S. O. Morton.

„ G. H. Poole.



**PUBLIC HEALTH OFFICERS**  
**of the**  
**LOCAL AUTHORITY**

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*Medical Officer of Health :*  
(Acting)

F. B. MACKENZIE, D.S.O., M.C., T.D., M.A., M.B., Ch.B., D.P.H.

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*Public Health Inspector :*  
E. BARNES, M.A.P.H.I.

*Pupil Public Health Inspector :*  
G. WILDSMITH.  
(Resigned—July, 1963)

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*Clerical :*  
Miss G. E. HORTON  
(Resigned—June, 1963)

Miss S. M. BOUSFIELD  
(Appointed—July, 1963)

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*Official Address and Telephone No. of the Medical Officer of Health :*

Council Offices, Upper Green, Tettenhall, Staffs.

Wolverhampton 52081-2-3

*Private Telephone No. :* Wolverhampton 37320.

**REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR 1963.**

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**Tettenhall Urban District Council.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1963. It complies with the requirements of the Ministry of Health and concludes with the report of your Public Health Inspector.

The recent outbreak of typhoid in Aberdeen highlights the importance of ever-vigilant attention to meat inspection, food hygiene and handling, milk supplies and water. Those are activities to which your Public Health Inspector gives much of his time and close supervision.

The pattern of Public Health has changed considerably in the last fifty years. Local Health Departments can be likened to outposts and control points of the Ministry. Medical Officers have not only to watch their own local health situations but must have an awareness of the health situation at national level and contribute their share in emergencies and control of imported infectious disease and in the promotion and advancement of health measures and activities such as smoke abatement, clean air, fluoridation, lung cancer and health education. All these are national problems demanding attention at the moment.

As regards health education, this is a subject deserving of the fullest presentation to the general public and particularly to the older school children as they approach school leaving age, and this has been recognised by the County Education Authority, a Health Education Officer and Lecturers having been appointed for the purpose, the channels of approach being through Women's Institutes Youth Clubs, Parent/Teacher Associations, Social Clubs and Factories.

Nationally, a more concentrated effort to reach the general public should be made through the channel of television by standing weekly programme features.

To assist in such instruction locally, the Ministry of Health, the Central Council for Health Education and the Society for Prevention of Accidents issue regularly posters on varied subjects and topics.

Throughout the year, posters on “ Smoking and Lung Cancer,” “ Food Hygiene,” “ Home Safety ” and “ Immunisation ” have been the ones that have held the field chiefly and suitable selections have been made for local display at clinics and libraries and on public notice boards, or in shop windows when such are accepted by the trades people. The refuse collection vehicles might profitably be made use of from time to time by having the large and more striking posters affixed to them in the hope that as they travel throughout the district, householders and general public will have their attention arrested.

There have been no cases of sickness or invalidity which have been specially noteworthy in the district during the year apart from the increased incidence of Measles, this disease conforming to its usual biennial increased contribution. Statistical information in respect of other infectious diseases is given in the appropriate section of the report.

One is happy to record the continued freedom from Poliomyelitis and Diphtheria, a situation that must be accredited to immunisation against those diseases.

The population of the urban district as estimated mid-year 1963, by the Registrar-General is given as 15,530, an increase of 170 on last year.

The crude birth rate per 1,000 of the estimated population was 12.68 giving a standardised birth rate of 13.19, the rate for England and Wales being 18.2.

The crude death rate per 1,000 of the estimated population was 10.30, giving a standardised death rate of 12.77, the rate for E. and W. being 12.2.

Out of a total of 160 deaths (males 80, females 80, a coincidence) 106 occurred over 65 years of age (males 48, females 58). This would indicate that your urban district carries a large number of old people and at the same time account for the principal causes of death in the district being heart disease, cancer, vascular diseases of the nervous system and bronchitis as those are the diseases to which old people are most likely to succumb.

The number of infant deaths was four, the same as last year, giving an infantile mortality rate of 20.3 per 1,000 live births, the rate for E. and W. being 20.9.

Comparative yearly tables in respect of births and deaths and infantile mortality are given on subsequent pages.



There was one maternal death.

Deaths from cancer all forms were thirty (13 males, 17 females) as against twenty-three last year.

Deaths from cancer of lungs and bronchus were five (4 males, 1 female), as against six last year, all over 65 years of age, certainly not an increase locally but nevertheless in view of national statistics pointing to the association of smoking as a contributory factor, the public would still appear to be indifferent and the inveterate cigarette smoker unconcerned in spite of the intensive propaganda which is being carried out to curtail excessive smoking at least.

There were no deaths from pulmonary tuberculosis. In respect of this disease two new cases were notified as against five last year. Further to this, two more cases were added to the register as inward transfers from other or neighbouring districts.

Your Council does not exercise delegated powers in respect of provision of health and welfare services, such being the duty of the County Authority. Nevertheless, it can be said that adequate consideration to the requirements of the district in respect of all such services by that authority is given.

Chiropody is one of the most appreciated services in the community, needless to say why, when there are now so many old people to whom foot discomfort can be so trying and handicapping.

The availability and extension of the service is improving but if it has been slow and spasmodic, that has not been the fault of the providing authority.

The trouble lies in the availability of chiropodists. There is the greatest difficulty in obtaining fully qualified personnel willing to give the amount of clinic session attendance required to ensure a full and effective service. It may be that private practice is more remunerative.

Nevertheless, chiropody service has been available throughout most of the year but perhaps at too wide intervals for reasons given above.

Appreciation of the voluntary work carried out by Mrs. Wright and ladies in operating the valuable Meals-on-Wheels service to the elderly people who are handicapped and lonely in their own homes, is here recorded.



Mr. Cox, the Area Welfare Officer, continues to give his valuable support in visiting those aged and infirm people whom I bring to his notice from time to time.

To Mrs. Walker of the local detachment of the British Red Cross Society and to the nurses and midwives I convey my appreciation of their services to the community.

I thank the local practitioners for their continued co-operation and the Chest Physicians and Directors of the Public Health Laboratory Service and Mass Radiography Unit for their reports. I again convey my thanks to the Chairmen and Members of your Health and Housing Committees for their support throughout the year.

I would also again put on record my appreciation of your Public Health Inspector's work and efficiency throughout the year.

To your Clerk, Surveyor, Housing Manager and all other colleagues, I am also indebted for their co-operation.

I have the honour to be,

Your obedient Servant,

F. B. MACKENZIE,

*Acting Medical Officer of Health.*

October, 1964.

## STATISTICAL SUMMARY, 1963.

Area : 2,503 acres.

Population : Estimated Mid-Year : 15,530.

Number of Domestic Properties : 4,845.

Sum represented by a Penny Rate : £2,216.

Rateable value : £549,774.

General Rate : 9s. 4d.

Birth Rate : 12.68.	England and Wales : 18.2.
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Death Rate : 10.30.	England and Wales : 12.2.
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Infantile Death Rate per 1,000 births : 20.3.

England and Wales, 20.9.

Tuberculosis Death Rate—Pulmonary : nil.

Tuberculosis Death Rate—Non-Pulmonary : 0.064.

**VITAL STATISTICS.**

					<i>M.</i>	<i>T.</i>	<i>Total.</i>
<b>Live Births</b>	..	..	..	..	99	98	197
Legitimate	..	..	..	..	90	95	185
Illegitimate	..	..	..	..	9	3	12
Live Birth Rate per 1,000 population (Crude)	..	..	..	..	..	..	12.68
Standardised Birth Rate	..	..	..	..	..	..	13.19
Illegitimate Live Births per cent of total Live Births	..	..	..	..	..	..	6.09
<b>Still Births</b>	..	..	..	..	..	..	5
Still Birth Rate per 1,000 Live and Still Births	..	..	..	..	..	..	24.75
Total Live and Still Births	..	..	..	..	..	..	202
<b>Infant Deaths</b>	..	..	..	..	..	..	4
Infant Mortality Rate per 1,000 Live Births	..	..	..	..	..	..	20.3
Legitimate Infant Mortality Rate per 1,000 Legitimate Live Births	..	..	..	..	..	..	21.62
Illegitimate Infant Mortality Rate per 1,000 Illegitimate Live Births	..	..	..	..	..	..	Nil
Neo-Natal (under four weeks) Mortality Rate per 1,000 Live Births	..	..	..	..	..	..	10.15
Early Neo-Natal Mortality Rate (deaths under one week) per 1,000 Live Births	..	..	..	..	..	..	10.15
Perinatal Mortality (still births and deaths under one week combined) per 1,000 total Live and Still Births	..	..	..	..	..	..	35.53
<b>Maternal Deaths</b>	..	..	..	..	..	..	1
Maternal Mortality Rate per 1,000 Live and Still Births	..	..	..	..	..	..	0.49
					<i>M.</i>	<i>F.</i>	<i>Total.</i>
<b>Deaths</b>	..	..	..	..	80	80	160
Death Rate (Crude)	..	..	..	..	..	..	10.30
Standardised Death Rate	..	..	..	..	..	..	12.77
Deaths from Cancer (all ages)	..	..	..	..	..	..	30
Deaths from Measles (all ages)	..	..	..	..	..	..	Nil
Deaths from Whooping Cough (all ages)	..	..	..	..	..	..	Nil
Deaths from Gastritis, Enteritis and Diarrhoea	..	..	..	..	..	..	1



**CAUSES OF DEATH DURING THE YEAR 1963.**

						<i>M.</i>	<i>F.</i>
Tuberculosis, Respiratory	..	..	..	..	..	—	—
Tuberculosis, other	..	..	..	..	..	—	1
Syphilitic Disease	..	..	..	..	..	—	—
Diphtheria	..	..	..	..	..	—	—
Whooping Cough	..	..	..	..	..	—	—
Meningococcal Infections	..	..	..	..	..	—	—
Acute Poliomyelitis	..	..	..	..	..	—	—
Measles	..	..	..	..	..	—	—
Other Infective and Parasitic Diseases	..	..	..	..	..	1	—
Malignant Neoplasm, Stomach	..	..	..	..	..	2	3
Malignant Neoplasm, Bronchus	..	..	..	..	..	4	1
Malignant Neoplasm, Breast	..	..	..	..	..	—	4
Malignant Neoplasm, Uterus	..	..	..	..	..	—	2
Other Malignant and Lymphatic Neoplasms	..	..	..	..	..	5	7
Leukaemia, Aleukaemia	..	..	..	..	..	2	—
Diabetes	..	..	..	..	..	—	1
Vascular Lesions of Nervous System	..	..	..	..	..	10	15
Coronary Diseases, Angina	..	..	..	..	..	26	8
Hypertension with Heart Disease	..	..	..	..	..	—	—
Other Heart Disease	..	..	..	..	..	4	16
Other Circulatory Disease	..	..	..	..	..	5	2
Influenza	..	..	..	..	..	—	—
Pneumonia	..	..	..	..	..	4	2
Bronchitis	..	..	..	..	..	3	7
Other diseases of Respiratory System	..	..	..	..	..	1	—
Ulcer of Stomach and Duodenum	..	..	..	..	..	1	—
Gastritis, Enteritis and Diarrhoea	..	..	..	..	..	—	1
Nephritis and Nephrosis	..	..	..	..	..	—	—
Hyperplasia of Prostate	..	..	..	..	..	—	—
Pregnancy, Childbirth, Abortion	..	..	..	..	..	..	1
Congenital Malformations	..	..	..	..	..	—	1
Other Defined and Ill-defined Diseases	..	..	..	..	..	8	4
Motor Vehicle Accidents	..	..	..	..	..	1	—
All other	..	..	..	..	..	2	3
Suicide	..	..	..	..	..	1	1
Homicide and Operations of War	..	..	..	..	..	—	—
All Causes						80	80

**BIRTH RATES.**

Year.	TETTENHALL.			England and Wales Birth Rate.
	Number of Births.	BIRTH RATE.		
		Crude.	Standardised.	
1954	184	18.3	—	15.2
1955	164	15.2	—	15.0
1956	218	19.1	—	15.7
1957	207	16.79	—	16.1
1958	219	15.95	15.08	16.4
1959	210	15.60	13.57	16.5
1960	219	15.62	13.59	17.1
1961	248	16.42	13.95	17.4
1962	224	14.58	12.39	18.0
1963	197	12.68	13.19	18.2

**DEATH RATES.**

Year.	TETTENHALL.			England and Wales Death Rate.
	Number of Deaths.	DEATH RATE.		
		Crude.	Standardised.	
1954	117	11.6	—	11.3
1955	130	12.1	—	11.7
1956	114	9.9	—	11.7
1957	129	10.46	—	11.5
1958	109	8.44	10.13	11.7
1959	123	9.01	11.44	11.6
1960	153	10.91	13.64	11.5
1961	123	8.14	10.99	12.0
1962	140	9.11	12.20	11.9
1963	160	10.30	12.77	12.2

### INFANTILE MORTALITY, 1963.

Deaths from causes stated at various ages under one year of age.

Cause of Death.	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under one month.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total Deaths under one year.
Congenital Malformations	1	—	—	—	1	—	—	—	—	1
Cerebral Haemorrhage	1	—	—	—	1	—	—	—	—	1
Broncho Pneumonia ..	—	—	—	—	—	—	1	—	—	1
Fractured Skull	—	—	—	—	—	—	—	—	<del>X</del> 1	1
Totals .. ..	2	—	—	—	2	—	1	—	1	4

### INFANTILE MORTALITY RATES.

Year.	TETTENHALL.			England and Wales Rate per 1,000 births.
	Births.	Deaths.	Rate per 1,000 births.	
1954	184	6	32.6	25.5
1955	164	4	24.4	24.9
1956	218	5	22.94	23.8
1957	207	4	19.32	23.0
1958	219	1	4.57	22.5
1959	210	1	4.76	22.0
1960	219	9	41.09	21.7
1961	248	4	16.12	21.4
1962	224	4	17.85	21.4
1963	197	4	20.3	20.9



## THE PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The total number of notified cases of infectious disease was 431 as against 33 last year, exclusive of Tuberculosis.

### **Measles.**

405 cases as against 6 last year.

### **Scarlet Fever.**

2 cases as against 12 last year.

### **Whooping Cough.**

9 cases as against 2 last year.

### **Acute Pneumonia.**

11 cases as against 11 last year.

### **Erysipelas.**

1 as against nil last year.

### **Paratyphoid.**

2 as against nil last year.

### **Food Poisoning.**

1 as against nil last year.

### **Cases admitted to Hospital.**

During the year nine cases were admitted to hospital as follows :—

#### MOXLEY HOSPITAL—

Measles	..	..	..	..	..	..	6
Scarlet Fever	..	..	..	..	..	..	3

### **Swabs and Specimens.**

Submitted to Public Health Laboratory :—

Sputa Swabs	..	..	..	..	..	..	7
Cultures for Myco-Tuberculosis	..	..	..	..	..	..	6

### General Measures.

School notifications of infectious disease are received by the Health Department and carefully studied for any features necessitating prompt action.

When desirable the schools are disinfected and terminal disinfection of premises and articles in affected households which have been exposed to infection carried out in all cases.

### Vaccination and Immunisation.

The County Council does not provide for a Vaccination Centre against Smallpox, but arrangements can be made with the Medical Practitioners by those who wish themselves or their children vaccinated against Smallpox. Provision of such a centre is now under consideration.

Immunisation against Diphtheria, Whooping Cough and Poliomyelitis is undertaken in the Child Welfare and School Clinics, while special Immunisation Sessions in Schools provide for an increase in the immunity of the child population. The administration of Poliomyelitis Vaccination is in the hands of the Area Office at Brierley Hill.

Private Medical Practitioners are also prepared to vaccinate on request.

### Smallpox.

Vaccination performed during 1963 :—

Number vaccinated—under 1 year..	60	(156)
„ „ 1 to 4 years ..	28	(75)
„ „ 5 to 14 years..	4	(158)
„ „ 15 and over ..	12	(380)
Total .. ..	104	(769)

Number re-vaccinated—

1 to 4 years ..	2	(11)
5 to 14 years..	5	(133)
15 and over ..	33	(727)
Total .. ..	40	(871)

**Diphtheria**—Immunisation.

Total number of children who have received primary immunisation during 1963 .. .. .	269	(236)
Number who have had a reinforcing injection during 1963 .. ..	100	(80)

**Whooping Cough.**

Number of children immunised during 1963—		
Under 5 years.. .. .	223	(178)
5 to 14 years .. .. .	1	(2)
Total .. .. .	224	180

*(Figures in brackets relate to 1962)*

**Poliomyelitis**—Immunisation.

Figures are not available at date of reporting.

**Evening Sessions.**

No evening sessions were held during the year.



AGE-GROUP AND LOCALITY

DISTRIBUTION OF INFECTIOUS DISEASES.

(EXCLUDING TUBERCULOSIS) NOTIFIED IN 1963.

DISEASE.	Total all ages.	SEX.		Under 1 year.	1 to 2 years.	2 to 3 years.	3 to 4 years.	4 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	65 and over.	Age unknown.	Tettenhall.	Tettenhall Wood.	Compton.	Wightwick.	Finchfield.	Castlecroft.
		M.	F.																		
Measles ..	405	213	192	8	43	45	50	42	206	6	1	—	—	—	4	179	70	72	20	43	21
Whooping Cough ..	9	3	6	1	2	1	1	1	2	—	—	1	—	—	—	1	5	—	1	2	—
Pneumonia ..	11	7	4	—	—	—	—	—	2	—	2	4	2	1	—	6	4	—	—	1	—
Scarlet Fever ..	2	1	1	—	—	—	—	—	—	2	—	—	—	—	—	1	—	—	1	—	—
Food Poisoning ..	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Erysipelas ..	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Paratyphoid ..	2	2	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2
	431	227	204	9	45	47	51	43	211	8	3	6	2	1	5	187	79	74	22	46	23

**TUBERCULOSIS.**

The number of new cases notified during the year was two pulmonary against five pulmonary in the year 1962.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	—	—	—	—	—	—	—	—
1— 4 years ..	—	—	—	—	—	—	—	—
5— 9 years ..	—	—	—	—	—	—	—	—
10—14 years ..	—	—	—	—	—	—	—	—
15—19 years ..	—	1	—	—	—	—	—	—
20—24 years ..	—	—	—	—	—	—	—	—
25—34 years ..	—	1	—	—	—	—	—	—
35—44 years ..	—	—	—	—	—	—	—	—
45—54 years ..	—	—	—	—	—	—	—	—
55—64 years ..	—	—	—	—	—	—	—	—
65 and over ..	—	—	—	—	—	—	—	—
Totals .. ..	—	2	—	—	—	—	—	—

Yearly Figures for Last Decade.

Year.	New Cases.		Deaths.		Death Rate.	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1954	14	1	2	—	0.199	—
1955	13	1	1	—	0.093	—
1956	15	—	—	—	—	—
1957	7	—	—	—	—	—
1958	3	—	—	1	—	0.077
1959	5	1	—	1	—	0.074
1960	8	—	—	—	—	—
1961	6	1	—	—	—	—
1962	5	—	1	—	0.065	—
1963	2	—	—	—	—	—

Distribution of Pulmonary T.B. Cases on Register.

	<i>Districts.</i>				<i>Cases.</i>
Tettenhall	..	..	..	..	19
Tettenhall Wood	..	..	..	..	13
Castlecroft	..	..	..	..	11
Finchfield	..	..	..	..	14
Wightwick	..	..	..	..	2
Compton	..	..	..	..	6
					—
	Total	..	..	..	65
					—



## TUBERCULOSIS REGISTER.

At the end of the year 1963 our Register counted 65 cases of Pulmonary and three cases of Non-pulmonary Tuberculosis.

### Pulmonary Cases.

Number on Register at 31st December, 1962	..	..	71
Cases removed from Register	..	10	
New cases	..	..	2
*Inward Transfers	..	..	2
Number on Register at 31st December, 1963	..		65

### Non-Pulmonary Cases.

Number on Register at 31st December, 1962	..	..	3
Cases removed from Register	..	—	
New cases	..	..	—
Inward Transfers	..	..	—
Number on Register at 31st December, 1963	..		3

\*From other districts :—

Wolverhampton	..	..	..	1
Bilston	..	..	..	1
				—
				2
				—

The prevention of the spread of this disease particularly when an active case is found in a household or in a school, is of the highest importance and here X-Ray examination and tuberculin-testing of contacts play their part and where indicated, B.C.G. vaccination offered.

The availability of the Public Health Laboratory Service for sputum examination is also of contributory value.

The proximity of the Radiography Unit at New Cross Hospital may be taken advantage of by individuals when they think such a visit is advisable and the Referral Centre at the same location is available to local practitioners for diagnostic and progress information in respect of their patients.

**Mass Radiography Service.**

I give extracts from the Annual Report of the Director (Dr, J. T. Hutchison) in respect of the whole area covered by the Unit.

“ Few public surveys were done as these are now generally unproductive—special attention was given to factories.”

“ Patients referred by general practitioners and examined at the base totalled 7,024.”

“ The overall rate of cases of tuberculosis requiring close clinic supervision or treatment was 2.0 per thousand.”

“ 67 cases (males 61, females 6) of malignant neoplasm of the bronchus and lung were found.”

“ Tuberculosis among Asians—1,810 were X-Rayed during the year. Among the 458 referred by general practitioners, 14 had active disease, a rate of 30.6 per thousand. The rate among those X-Rayed from other sources, mainly factory surveys, was also high and the combined total of 26 give an active rate of 14.4 per thousand.”

## **SANITARY CIRCUMSTANCES.**

### **Sanitary Inspection.**

The systematic inspection of the district has been carried out in the usual manner. The general sanitary conditions of the district are satisfactory and there were no cases of disease or ill-health attributable to insanitary conditions.

Throughout the year your public health inspector has continued to exercise special vigilance in respect of food hygiene and it is satisfactory to report there have been no cases of food poisoning in the district.

Details of your inspector's work is given in his report.

### **Water Supply.**

The Tettenhall Urban District is supplied by the Wolverhampton Corporation Water Undertaking.

The population supplied from the mains in the district is 15,530. Of the houses in the district, 4,842 obtain water direct from the mains, and three houses have a well supply. These houses are situated at a considerable distance from the mains and connection to the Wolverhampton supply has proved to be uneconomical. Samples taken during the year for bacteriological examination proved satisfactory.

I am indebted to Mr. W. C. Johnson, M.I.C.E., M.I.Mech.E., M.I.W.E., Water Engineer and Manager, for the following information :—

- (i) The water supply has been satisfactory in quantity and quality.
- (ii) The water supplied is not plumbo-solvent.
- (iii) There has been no known contamination of the water supply subsequent to leaving the works.

The water going into supply contains roughly equal amounts of treated river water and well water.

Sampling conforms to the standards set by the World Health Organisation. The reservoirs, tanks, re-pumping stations, mains and distributing system are examined and sampled on a usual three-weekly rota.

The two open reservoirs at Tettenhall and the raw River Worfe water are examined quantitatively for algae.

Those same waters which are exposed to the atmosphere have also been examined for radioactivity.

Fluoride values fall within the range of 0.02—0.12 p.p.m. (as F.).

#### **Number of Samples examined in 1963.**

(a)	Bacteriological	..	..	..	..	..	2,250
(b)	Chemical	..	..	..	..	..	630
(c)	Biological	..	..	..	..	..	341
(d)	Radiological	..	..	..	..	..	100
Total							<hr/> 3,321 <hr/>

Of the samples bacteriologically examined I calculate that approximately 98% were free from Coli-organisms per 100 ml.

From a careful perusal of the Water Engineer's full and comprehensive report I am satisfied that the water supplied to the urban district is of a very high standard in respect of purity and the steps and precautions taken to ensure same all embracing.

#### **Sewage Disposal.**

I am indebted to your Engineer and Surveyor, Mr. J. W. Mason, M.I.Mun.E., M.T.P.I. and the Sewage Works Manager, Mr. Drake, for the following information.

The sewage disposal plant at Trescott continued to operate satisfactorily throughout 1963.

The volume of sewage treated during the year was 256.676 million gallons and the daily average flow was 703,000 gallons, an increase of 7% on 1962. The dry weather flow discharged to the works was 614,000 gallons per day whilst the design dry weather flow was 618,000 g.p.d. The plant therefore is running to its design capacity and hence any significant development within the drainage area will necessitate extensions to the treatment works.



The average results of twelve monthly samples of final effluent submitted to the County Analyst are as follows :—

	1963.			1962.		
A. Biochemical Oxygen Demand, 5 days ..	15.3	parts/million.		19.3	parts/million.	
B. Suspended Solids ..	22	„ „		27	„ „	
Permanganate Value, 4 hours .. ..	13.8	„ „		14.1	„ „	
Ammoniacal Nitrogen	4.98	„ „		4.22	„ „	
Albuminoid Nitrogen	1.87	„ „		2.00	„ „	
Nitric Nitrogen ..	32.4	„ „		44.4	„ „	

These results show a slight improvement on the 1962 figures, and results A. and B. are within the accepted River Board's standards of 20 parts p.p.m. and 30 parts p.p.m. respectively.

### **Sludge Disposal.**

Sludge disposal was operated throughout the year as suggested in the 1962 report *viz.* removal in the liquid state, thus obviating the need to use the drying bed area. As a result no complaints about sludge odour from the residents of the Wightwick area were received. In all some 2,171,000 gallons of liquid sludge were removed to the Council's land at Blackbrook and to neighbouring farmland.

### **Danescourt Lawn Cemetery—Burials.**

Mr. F. S. Pratt, Cemetery Superintendent, has supplied me with the following information :—

Period 1st January—31st December, 1963—

Adult Males .. ..	38
Adult Females .. ..	38
Children under 10 years of age :	
Males .. ..	1
Females .. ..	—
Stillborn .. ..	—
Total .. ..	77
Total Interments to 31st December, 1963 ..	208

49 Memorial plaques were placed in the Cemetery during the year.

18 Flowering shrubs were planted in the Cemetery border. It is proposed that additional shrubs be purchased during the coming year to further furnish the Cemetery Border.

1,023 yards of Cemetery drives were tar painted and chippings laid. It is proposed that the remaining areas of drives and paths be similarly treated during the coming year.

### **Mortuary.**

The number admitted to the mortuary during the year was 40, distributed as follows :—

Tettenhall	..	..	17
Codsall	..	..	8
Wombourn	..	..	4
Oaken	..	..	3
Bilbrook	..	..	2
Brewood	..	..	2
Penn ..	..	..	2
Trysull	..	..	2
			<hr/>
			40
			<hr/>

## HOUSING.

The health of a district can be said to revolve closely round the housing conditions of its inhabitants. The home is the family anchorage and it is there that health and outlook on life are influenced and nowhere is that more clearly demonstrated than when a family is rehoused from an unsatisfactory environment and adverse living conditions.

The houses in the district are on the whole good and many of them modern but at the same time many are substandard and lack the amenities now expected in these days. Again there is the existence of the really old house with perhaps only a short life expectation. The questions that then often arise are what is it reasonable to ask the owner to do and how far is it reasonable to ask the unfortunate tenant to put up with his living conditions a little longer in view of the scarcity of available houses. Of course there is the house that must be put on a Demolition Order outright.

Again there is the type of house which is structurally sound with a reasonable expectation of life but which lacks modern amenities and for which deficiency, Discretionary Improvement and Standard Grants have been devised. It is surprising why more advantage is not taken of those grants, particularly of the Standard Grant by which much less in the way of improvements can be met.

The owner/occupier is more likely to consider taking advantage of the grants. The owner of rented property is hesitant about it as a profitable investment.

As regards houses only fit for demolition those may be isolated and scattered throughout the district or in juxta-position individually to a good house and this latter type raises the problem as how the good house is likely to be affected structurally.

Of course if there are many such unfit houses contiguous or in close proximity the answer is, declare it a Clearance Area and Compulsory Purchase Orders made to include any comparatively good houses in that area.

A Closing Order can of course be made when an unfit house is tied up with a good house but here again the residual result is unsightly.

Before making Clearance Areas consideration must always be given to availability of building sites to provide houses for the people to be displaced and in relation to the envisaged building programme in the district.



In dealing with the housing situation in relation to unfit houses I am not forgetful of those families who are living in badly overcrowded houses, a state of affairs often brought about by newly married couples having to live with their parents or by being only too glad to get a single room for all purposes in a perhaps already overcrowded household.

I would therefore, press that there be no delay in the rehousing of families who are in unfit or badly overcrowded houses, but at the same time record that your Health and Housing Committees have done their very best to rehouse the urgent cases I have brought to their notice on unsatisfactory housing or medical grounds.

Information as to detailed action in respect of unfit houses is given in the report of your Public Health Inspector.

Statistics would appear to show that the expectation of life has increased and that therefore a higher proportion of elderly and possibly more infirm people can be expected in any local population making it advisable in planning new housing estates to bear this in mind and give a higher proportion of suitable accommodation to meet the situation in respect of the requirements of the elderly infirm.

Such accommodation should be in the nature of small bungalows, or ground floor single-bedroom houses or flatlets designed for the comfort of old and disabled people, particularly in respect of structural convenience, internal fitments and safety in the way of absence of steps, non-slip floors, storage accommodation for wheel chairs and safety fitments to gas stoves.

### **Letting of Council Houses.**

In respect of letting of Council houses, entitlement or consideration of applications is based in the majority of cases on length of time on the waiting list. This on the whole is fair and equitable but from time to time certain cases are brought to my notice of living under conditions detrimental to health and for which, if length of time on the waiting list is the main consideration, there is little hope of obtaining housing conditions that would ameliorate existing ill-health.

I would therefore ask that more consideration be given to such cases, waiving the qualification of length of time on the waiting list if medical opinion and recommendation is given and made. Such medical recommendation of course would only be given in most urgent cases.



I appreciate that the shortage of available accommodation to meet the demand for re-housing is the crux of the situation ; and I also appreciate the intensive effort your Housing Committee is making to meet the re-housing of those in urgent need.

I am indebted to your Surveyor, Mr. Mason and your Housing Manager, Mr. Berrisford, for the undermentioned information.

**Mr. Mason.**

1. Municipal Houses completed during 1963 .. .. Nil
2. Private Houses completed during 1963 .. .. 66  
(including 21 flats)
3. No housing estates were completed during the year.

**Mr. Berrisford.**

1. No. of Council houses .. .. 1,057
2. No. of Council houses allotted to Wolverhampton  
Overspill .. .. 128
3. (a) Applicants with children in lodgings .. 49  
(b) Childless couples in rooms .. 33  
(c) Applicants presently tenants of D.O. houses.. 55  
(d) Applicants in occupation of a house other than  
condemned .. .. 105  
(e) Applicants for single bedroom flats .. 18  
(f) Applicants for Aged Persons dwellings .. 40  
Total number on Waiting List .. .. 300
4. No. of Families rehoused during the year .. 54  
(a) How many of those from Council houses .. 5  
(b) No. from D.O. or condemned houses .. 18  
(c) How many from general waiting list .. 26  
(d) No. of Overspill tenants .. .. 5

## REPORT OF THE PUBLIC HEALTH INSPECTOR.

I submit the annual report of the work of the Department carried out during 1963.

It is difficult to highlight any particular aspect of the work as most is routine in character, but as a section of the environmental health services it all builds into the national and local framework.

Seldom a day passes without some reference in the national and local press to some of the improvements needed in our environment. They may highlight aspects of housing, atmospheric pollution, education, road congestion to mention but four of the most popular with the journalists to provide a topic very much to the interest of the public at large.

When a comparison is made with the annual reports of fifty years ago and the subjects topical to that period it is easy to appreciate the vast changes that have been made in all aspects of the health services.

The annual report for 1913 was predominantly on such subjects as notifiable disease, housing, refuse, drainage and water supply. These appear slightly remote from current articles on "Antibiotics in Milk" and "Developments in Food Packaging Materials" taken from a national public health journal.

However, one looks to the immediate problems that are in need of attention.

- (i) reduction in atmospheric pollution from houses, factories, motor vehicles.
- (ii) elimination of sub-standard housing.
- (iii) the provision of amenities such as internal bath, hot water systems, w.c., wash hand basins, sinks, to every house in the area.
- (iv) the improvement of food hygiene standards to eliminate possibility of food poisoning outbreaks.
- (v) improvement of welfare conditions in shops and offices.

In considering these problems, nationally and locally, one cannot detach oneself from responsibilities. Although the government has responsibility for policy and legislation, a large measure falls on an authority for the drive and local application of the requirements set out in the various acts and legislation.

To take only one facet of this problem, housing, in trying to achieve a higher standard of living, can we honestly say that in the improvement and repair of older houses we have used the provisions of the Housing Acts sufficiently well or wisely.

Whatever the conditions in 2013, it is safe to assume that the need for improvements will still be considered necessary.

## HOUSING.

Details of Action in the course of the year by the Public Health Committee, acting for the Council under Delegated powers, on individual premises following Official Representation.

12, 14, 16 and 18, School Road, Demolition Orders, March, 1963.  
Tettenhall Wood.

33, 35, 37 and 39, Bridgnorth Demolition Orders September  
Road, Compton. 1963.

3, 5, 7 and 9, Church Road, Demolition Orders, October, 1963.  
Tettenhall Wood.

117, Bridgnorth Road, Compton Closing Order October, 1963.

7, 9, 11 and 13, Lower Green, Proceedings for the making of  
Tettenhall. Demolition Orders commenced  
November, 1963.

### Houses Demolished during the year.

27—39, Upper Street.

### Houses Closed during the year.

8, School Road.

117, Bridgnorth Road.

### Houses reconditioned following formal Housing Act action.

1, Meadow View.

82, Wood Road.

At the end of the year under review the following properties on which Individual Orders were operative were still occupied :—

<i>Address.</i>	<i>Date of Order.</i>	<i>No. Occupied.</i>	<i>No. of Families for Rehousing.</i>
8 & 10, Oak Hill . .	March, 1955	No. 10 occupied.	1
3 & 5, School Road . .	January, 1958.	Both occupied.	2
1, 2 & 3, Wightwick Leys Cottages.	July, 1959.	All occupied.	3
60—72, The Holloway . .	November, 1960.	Nos. 62, 66, 68 & 70 occupied.	4
29 & 31, Limes Road . .	April, 1960.	No. 31 occupied.	1
1 & 3, Nursery Walk . .	April, 1960.	No. 3 occupied.	1
1—7, Manor Street . .	March, 1960	3, 5 & 7, occupied.	3



<i>Address.</i>	<i>Date of Order.</i>	<i>No. Occupied.</i>	<i>No of Families for Rehousing.</i>
Lock House, Compton ..	July, 1960	Occupied.	1
23 & 25, Wood Road ..	December, 1960.	Both occupied.	2
43—51, Mount Road ..	December, 1960.	No. 47 occupied.	4
1, 2 & 3, West View Cottages .. ..	July, 1961.	All occupied.	3
8, School Road .. ..	May, 1961.	Occupied.	1
57 & 59, Woodthorne Road South .. ..	May, 1961.	Both occupied.	2
4, Finchfield Hill ..	July, 1961.	Occupied.	1
19—29, Mount Road ..	December, 1961.	All occupied.	6
14, Bridgnorth Road ..	November, 1961.	Occupied.	1
12—20, Oak Hill. ..	January, 1962.	Nos. 12, 14 & 16 occupied.	3
78—82, Wood Road ..	March, 1962.	No. 80 occupied.	1
18, Manor Street ..	December, 1962.	Occupied.	1
28, Mount Road ..	December, 1962.	Occupied.	1

Making a total of 42 families requiring rehousing from premises affected by Individual Housing Act Orders.

### **Bridgnorth Road Clearance Area.**

Official Representation was made in October, 1962, in respect of Nos. 77 to 143, Bridgnorth Road, a total of 34 houses and further action was taken by the Council for the making of a Compulsory Purchase Order during the year under review.

### **Housing—General.**

The problem of housing continues to be one of the most pressing and controversial subjects for members and officials of local authorities and raises many human problems. The question arises whether the need for meeting housing demands will ever be satisfied. Undoubtedly, more houses are being erected by Local Authorities and private enterprise, but the demand is unabated. This, I think, is due in part to several reasons but mainly the following :—

A better standard of living demands better housing.

Couples are marrying at an earlier age.

A larger population with a greater number of smaller families.

People are living longer and it is no longer the custom for older people to live with their married children ; young and old require their own separate accommodation.

Owner occupation has increased very considerably in the post war years and the choice of accommodation available in any district is mainly between owner occupation, council tenancy and high rented decontrolled properties.

These facts raise two policy issues for local authorities.

- (i) Continuance of building houses to let by the Council.
- (ii) The repair, improvement and modernisation of existing properties to give them a longer and useful life, and whether we can afford to allow houses to deteriorate further into sub-standard conditions with subsequent demolition.

Apart from the completion of clearance programmes of sub-standard houses it is now largely a problem of two items which make a house unfit, *viz.* dampness and disrepair in the house built before the beginning of the century. The current tendency is to think of houses without modern facilities as substandard.

Another housing problem which requires review is that of overcrowding. Legal standards may permit a man and wife and a small child to occupy a moderately sized room but which occupancy may be adverse to health.

### **Houses in Multiple Occupation.**

A tendency which is now prevalent throughout the country is where there are houses which were originally built for family occupation, to convert them into several units of accommodation. No objection is made where they are properly converted into structurally separate dwellings with modern facilities for use to each household.

The sharing of facilities such as w.c., bathroom with only single room accommodation is a retrograde step in the efforts to provide a better standard of housing. I am personally certain that such conditions can be a public health risk and especially when young children have to be brought up in this type of environment with their parents.

During the year the Council considered the new provisions of Part 2 of the Housing Act, 1961, and agreed on standards in respect of lighting and ventilation, water supply, personal washing facilities, drainage and sanitary accommodation, facilities for the storage, preparation and cooking of food and for the disposal of waste water, space heating, refuse storage, overcrowding and means of escape in case of fire.

During the year, inspections were made of six such premises and notices served under Sections 14, 15 and 16 of the Act. Two have now been discontinued for that purpose. In another, the Fire Officer's recommendations were implemented to make the occupancy satisfactory. At one other, some works have been completed but part of the Fire Officer's recommendations have not yet been completed.

In respect of two other premises under one ownership, statutory notices were served but the works have not yet been complied with. These houses need to be kept under regular supervision and it is anticipated the Housing Bill now before Parliament which proposes further amendments to the 1961 Act, should give Local Authorities the extra powers they need to deal adequately with this type of house.

### **Overcrowding.**

No cases of overcrowding were reported on during the year.

### **Improvement Grants.**

The sum of £1,220 was paid in Discretionary Improvement Grants during the year. A further sum of £54 10s. 0d. was paid in Standard Improvement Grants.

The works resulted in the improvement of seven houses.

During the fourteen years that grants have been available from Local Authorities for the improvement of houses on a voluntary basis, still too little use is made of the scheme. Owner occupiers seem the only persons keen to make use of the grants to modernise and improve their properties.

Landlords appear to prefer the economics of selling their properties when they become void to the more long term prospect of retaining their properties after repairing and modernising even with increased rental returns.



In the near future it is anticipated that some measure of compulsion will be introduced with regard to the improvement of privately owned tenanted houses.

### **Moveable Dwellings.**

Only two dwellings are approved for permanent occupation within the district. These are sited in the Finchfield area.

Other moveable dwellings can be found in the same area particularly during the winter months, but these are unoccupied and are only being garaged.

### **Common Lodging Houses.**

There are no premises of this type within the district.

### **Rent Act.**

No formal work was carried out under this Act. It is regrettable that the public do not make use of this legislation and its provisions for the repair of houses and renewal of fittings.

### **Sanitary Accommodation and Drainage.**

All the houses throughout the district are now provided with modern type sanitary conveniences, with the exception of thirteen which have tipper or pail lavatories. One of these houses is already condemned and another six will be acquired in the near future for new development in the Upper Street, High Street area. One pail closet was removed when a house in the Wightwick area was modernised.

There also remains one pail closet at a small factory in Compton.

The next objective is to eliminate the external convenience of which there are approximately 230 in the district. This work will have to be incorporated with the modernisation of sub-standard scullery buildings.

The provision of a new sewer in the Perton Road area during the year has considerably reduced the number of domestic septic tank drainage systems. This type of drainage system to houses still requires to be eliminated in the Keepers Lane, Grove Lane, Pattingham Road, Wergs Road and Ash Hill areas.



Forty-eight informal notices were served in respect of drainage defects and sixteen statutory notices.

**Watercourses.**

The Smestow is the main watercourse in the district and it cannot be denied that it does at time become polluted particularly after heavy rainfall. It does appear that both in and out of this area the stream takes considerable storm water overflow from sewers. In normal times the stream appears to run clear and free from pollution.

The Penk appears free from pollution.

The canal which runs through the valley from Aldersley to Wightwick is not now used for commercial traffic, its use being mainly limited to pleasure craft.

## FOOD INSPECTION AND HYGIENE.

### Meat Inspection.

Only one slaughterhouse remained in operation during the year and 100 per cent inspection was maintained. The following were inspected :—

141 Cattle.  
874 Sheep.  
577 Pigs.

Outside of trimmings and strippings the following were condemned :—

Five Pigs—440 lbs.  
Offals—302 lbs.

The only evidence of tuberculosis was glandular, found in seven pigs' heads and four mesenteries. This very low incidence is in keeping with the present trend, and shows the effectiveness of Government action for elimination of tuberculosis in cattle during the post-war years.

No evidence was found of cysticercosis.

Unsound food is disposed of by incineration or by delivery to the digester-plant at Wolverhampton Abattoir.

The standard and quality of the meat killed and also retailed throughout the district is good. Outside the slaughterhouse, meat and offals are inspected in shops and on vehicles.

On the 1st October, the Meat Inspection Regulations, 1963, came into operation which brought into operation several new provisions to amend the Public Health (Meat) Regulations of 1924.

The main provisions can be summarised as follows :—

- (a) meat at slaughterhouse must be inspected ;
- (b) meat must not be removed from a slaughterhouse until it has been inspected ;
- (c) meat inspected and passed as fit for human consumption must be marked ;
- (d) local authorities may charge for the inspection ;

- (e) the minimum period of notice of slaughter is extended from 3 hours to 24 hours.

with a new standard of procedure for inspection and the marking of meat.

The regulations also permitted local authorities to charge for inspections at rates not exceeding :—

- 2s 6d. per horse or bovine animal (other than a calf).
- 9d. per calf or pig.
- 6d. per sheep, lamb or goat.

### **Slaughter of Animals.**

Eight licences to slaughter animals were renewed during the year in accordance with the 1958 Act.

### **Food Inspection.**

The following articles were condemned during the year :—

- 3 tins of Apricots.
- 7 tins of Peaches.
- 1 tin of Grapefruit.
- 1 tin of Tomatoes.
- 237 packets of Frozen Foods.
- 19½ lbs. Brisket of Beef.
- 3 tins of Ham.
- 11¼ lbs. of hindquarters Beef.
- 1 bottle Grapefruit Juice.
- 1 jar Caviar.
- 4 tins Cream Corn.
- 6 tins Salad Fruit.
- 2 tins Prawns.
- 7 lbs. Cheese

The following gives a brief summary of the complaints made to the Department by members of the public concerning food not of the prescribed nature, substance or quality.

Large brown loaf of bread containing a piece of string.  
Warning letter sent to manufacturers.

Sliced wrapped loaf. Two thirds of substance mouldy and stale. Passed to local authority where manufactured for action.

Pint bottle of sterilised milk with a deposit of coagulated milk solids. Warning letter sent to producers.

Sponge cake containing carbonised matter from a rusty surface. No further action taken after correspondence with manufacturers.

The law relating to foreign bodies in food and drink is controlled by Section 2 of the Food and Drugs Act, 1955. The general yardstick adopted as to taking proceedings, is whether the foreign matter is prejudicial to health and is it there by negligence on the part of producer or retailer or a genuine error. This problem can be increasingly difficult due to the modern mechanised methods of food processing and manufacture where so many factors come into play, the not least of which is the possible human error.

**Milk, Ice-Cream and Ice-Lollies.**

The only milk supplied throughout the area is bottled designated and is supplied from the large dairies with heat treatment plants. The majority is retailed from vehicles and the remainder from grocers' shops.

The following table summarises the Public Health Laboratory Service reports on the testing of milk samples.

Designation.	No. of samples submitted.	Phos- phatase.		Turbidity.		Methylene Blue.	
		Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested ..	2	—	—	—	—	2	—
T.T. (Pasteurised) ..	31	31	—	—	—	31	—
Pasteurised .. ..	14	14	—	—	—	14	—
Sterilised .. ..	15	—	—	15	—	—	—

Samples of soft ice-cream were taken from vehicles with the following results :—

Two gave a grade 1 result.

One gave a grade 4 result.



A further sample from the same source as grade 4 gave a grade 1 result.

One sample of hard ice-cream gave a grade 1 result.

An ice-lolly gave a pH of 2.7.

Inspections were made of the premises and vehicles from which these commodities are retailed for the purpose of checking the conditions of the equipment, utensils and general cleanliness.

### Food Premises.

<i>Type of Business.</i>	<i>No.</i>
Canteens and premises where meals are prepared ..	23
Fried Fish Shops .. .. .	1
Butchers .. .. .	12
Grocers and Greengrocers .. .. .	40
Shops selling sweets and confectionery .. .. .	11
Chemists .. .. .	5
Licensed premises .. .. .	23
Off-Licence premises .. .. .	6
Slaughterhouses .. .. .	1
Premises registered for the manufacture of sausage or potted, pressed, pickled or preserved food .. .. .	6
Shops selling milk .. .. .	24
Shops retailing ice-cream .. .. .	39
Licensed Game Dealer .. .. .	1

Shops and shop-keepers are part of the national tradition and are an accepted part of our way of life and the system has remained unchanged for many years. In the post-war years, however, gradual change is taking place in the general pattern. This is not distinctly noticeable in the Tettenhall area but the change is taking place and over the country as a whole particularly in the food distributive trades, the small retailer is disappearing. The master baker, the small milk retailer have practically disappeared, the small butcher has survived better than most even though the preparation of made-up foods is passing increasingly to large producers. The grocery trade is supplied by national wholesalers and mass production methods have created national brands of commodities, giving rise to pre-packing on an enormous scale. The demands of the public are also changing, caused in no small way by the large increase of housewives at work particularly in industrial areas. The working housewife wants food commodities which are quickly and easily prepared, hence the popularity of pre-packed frozen meals and frozen foods.

A change which I have noticed locally is that butchers' shops which until recently were selling a majority of dressed frozen poultry from packing stations are now retailing freshly killed range birds.

Other changes in retail trade include the increase of mobile shops largely as a result of the growth of housing estates with limited shopping centres.

These changes and possible future trends as envisaged in present technical developments, such as accelerated freeze-drying of foodstuffs, which could result in food products being presented in newer forms, make a change in food hygiene.

Responsible behaviour by personnel in all matters relating to personal cleanliness in food handling, manufacture, packaging, display for sale, rotation of stock, cleanliness of premises and transportation at all stages will remain an essential of food hygiene work.

Another important aspect of this work is the need to explain to all food handlers the risks of food poisoning.

In my experience of inspection of food premises, I am of the opinion that it is wasted to overstate the bacteriological aspects of the problem as this is a remote and not easily understood subject to the average food handler. Cleanliness and tidiness of staff, sterilisation of tools, utensils and equipment is a better approach.

Also a good deal of the work of maintaining standards in food hygiene could be done by the public themselves by their careful selection of shops where they can see for themselves the kind of standard that is maintained behind the counter. Where the public are dissatisfied, they should bring this to the notice of the shop-keeper and if they have no satisfaction, go to another shop.

I would suggest that what is needed is a much broader appreciation of hygiene and environmental standards in all aspects of food manufacture, distribution, retail and by the consumer.

## FOOD AND DRUGS ACT, 1955.

I am indebted to the Medical Officer of Health of the County Council for the following information regarding samples of food taken in Tettenhall.

### Details of Milk and General Foods taken during 1963.

Article of Food.	No. Samples.	Satisfactory.	Unsatisfactory.
Milk .. .. .	17	17	—
General Foods .. .. .	33	30	3

#### Milk.

Tuberculin Tested (Pasteurised) ..	10
Pasteurised .. .. .	3
Sterilised .. .. .	4
	—
	17 All genuine.
	—

#### General Foods.

Number of samples taken .. ..	33
Number of samples genuine ..	30
Number of samples adulterated ..	3

#### Particulars of Adulterated Samples.

##### 99 C/R—Kangaroo Tail Soup—Informal.

Not bearing a statement of ingredients. Investigations proceeding.

##### 98 C/B—Apple Sauce with Added Sugar—Formal.

Containing 28.7% of added water in excess of the normal amount. Labels to be amended.

##### 99 C/B—Sweetened Apple Sauce—Formal.

Containing 11.4% of added water in excess of the normal amount. Labels to be amended.



**Classification of Foods—33.**

Kangaroo Tail Soup.	Lysol B.P.
Apple Sauce (2 samples).	Rose Water.
Fish Sticks.	Peppermint Culinary Flavouring.
Fish Fingers.	Borax B.P.
Apple Sauce with added Sugar.	Cream of Tartar.
Sweetened Apple Sauce.	Ground Almonds.
Instant Apple Flakes.	Baking Powder.
Codeine Linctus B.P.C.	Whole Pitted Apricots.
Surgical Spirit No. 1.	Unsweetened Lemon Juice.
Spirits of Sal Volatile.	Patna Rice (2 samples).
Gees Linctus B.P.C.	Long Grain Rice.
Malt Extract B.P.	Crystal Rice.
Beer (2 samples).	Natural Health Cleaned Rice.
Ginger Ale.	Separate Grain Rice.
Pure Glycerine B.P.	Pudding Rice.

**CLEAN AIR.**

Despite the vast publicity through the medium of the press, the implementation of the Clean Air Act is very slow.

There is no progress to report in the District.

It appears unfortunate that the problem of air pollution which can so seriously affect the majority of the public is neglected because its effects are not strikingly obvious. Pollution by smoke and its harmful constituents is a recognised health hazard, though a partly neglected one.

Irrespective of the health hazard, there appears to be sound economic and social reasons for the removal of smoke from the atmosphere and unnecessary for people to tolerate the nuisance associated with air pollution.

One incinerator was installed at the beginning of the year for the disposal of waste materials from a research centre. This furnace was erected to the Council's requirements and is working satisfactorily and has not been the cause of any complaints or obvious smoke emission.



## **RODENT AND PEST CONTROL.**

This work is carried out by Mr. A. Lockley on a part-time basis for the Department and is done in accordance with the Ministry's recommendations.

The majority of the work is at domestic premises and 111 houses received treatments for infestation of either rats or mice. Sixteen other treatments were completed at business premises, schools, building sites and the Council's sewage works and refuse tip.

No major infestations were recorded during the year.

It was not found practicable to carry out the annual test baiting of the sewers.

Treatments for the elimination of wasps at 24 premises was completed.

Advice is given on the treatment of insect infestations to the public where necessary and insecticidal powder is distributed on request for minor treatments.

## **DISINFECTION.**

Disinfection of books is carried out as required for the Tettenhall Wood and Finchfield Libraries following cases of infectious disease in the borrowing household. Household effects are also treated on request.

## **NOISE ABATEMENT ACT, 1960.**

Complaints were received regarding an intermittent noise nuisance from a garage and the work associated with body repairs to motor vehicles. Regular visits to the premises failed to justify any other than informal action.

## **Agricultural Act, 1956 (Health Provisions).**

No action was found necessary during the year.

## **Pet Animals Act, 1951.**

Only one shop was found to be keeping birds on the premises and these were removed after informal action.

## **Heating Appliances (Fireguards) Reg. 1953.**

No action was taken during the year.

### ROUTINE INSPECTION WORK.

Summary of the inspection work carried out during the year is given in the following table :—

Type of Premises Inspected.	Number of Inspections.
Water, Drainage and Services .. .. .	131
Refuse .. .. .	35
Rodent Control .. .. .	349
Repairs to Premises .. .. .	197
Food Premises .. .. .	227
Meat Inspection .. .. .	181
Infectious Disease .. .. .	21
Shops other than Food Premises .. .. .	37
Factories .. .. .	32
Housing Act.. .. .	387
Clean Air Act .. .. .	31
Miscellaneous .. .. .	174
Total .. .. .	1,802

### General Information regarding Notices Served during the year.

Form of Notice.	No. Served.	Premises.	Defects.
<b>Informal :</b>			
General Sanitary Defects	125	158	220
<b>Statutory :</b>			
Defects .. .. .	27	30	71

In addition by informal action 101 dustbins were provided to private houses.

# **FACTORIES ACT, 1937 TO 1959.**

## **Part 1 of the Factories Act, 1937.**

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspector).

Premises. (1)	Number on Register. (2)	Number of		
		Inspections. (3)	Written Notices. (4)	Occupiers Prosecuted. (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	3	4	—	—
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by the Local Authority	20	17	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	12	11	—	—
Total .. ..	35	32	—	—

## 2. Cases in which defects were found.

Particulars.  (1)	No. of Cases in which Defects were found.				No. of cases in which prosecutions were instituted. (6)
	Found.  (2)	Remedied.  (3)	Referred		
			To H.M. Inspector. (4)	By H.M. Inspector. (5)	
Want of cleanliness (S.1) .. ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ..	—	—	—	—	—
(c) Not separate for sexes ..					
Other offences against the Act including offences relating to Out-work) .. ..	—	—	—	—	—
Total .. ..	—	—	—	—	—



**Part VIII.**

Section 110.			Section 111.		
No. of out-workers in August list required by Section 110(1) (c). (1)	No. of cases of default in sending lists to the Council. (2)	No. of prosecutions for failure to supply lists. (3)	No. of instances of work in unwhole- some premises. (4)	Notices served (5)	Prose- cutions. (6)
2	—	—	—	—	—

E. BARNES,

*Public Health Inspector.*





